

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 9/634328	FILING DATE		
								APPLICANT(S)			
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2	Cancel						52				
3	1						53				
4	Cancel						54				
5	1						55				
6	1						56				
7	1						57				
8	1						58				
9	1						59				
10	1						60				
11	1						61				
12	1						62				
13	1						63				
14	1						64				
15							65				
16	1						66				
17	1						67				
18							68				
19							69				
20							70				
21							71				
22	1						72				
23	Cancel						73				
24	1						74				
25	1						75				
26	1						76				
27							77				
28							78				
29	1						79				
30	1						80				
31	1						81				
32							82				
33							83				
34	1						84				
35	1						85				
36	1						86				
37	1						87				
38							88				
39							89				
40							90				
41							91				
42							92				
43	1						93				
44	1						94				
45	1						95				
46	1						96				
47	Cancel						97				
48	1						98				
49	1						99				
50							100				
TOTAL IND.	6	1	1	1	1	1	TOTAL IND.	1	1	1	
TOTAL DEP.	17	1	1	1	1	1	TOTAL DEP.	1	1	1	
TOTAL CLAIMS	20						TOTAL CLAIMS				